

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INTERIOR DESIGNER REGISTRATION APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Business Name and Address (number, street, city, state, zip)

Date of Birth  ____ month ____ day ____ year	Daytime Telephone Number  ( ____ ) ____ - ____
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Ethnic/gender status  
information is optional.

Sex: ☐ M  
☐ F

Ethnic: ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander  
☐ Other

Have you ever held a license/credential in this state \_\_\_\_\_ Yes \_\_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number \_\_\_\_\_

The interior designer license expires on July 31 of the even-numbered year. It may be renewed for a two year period at that time.

**APPLICATION FEES** Make check payable to Department of  
Safety and Professional Services and attach  
to application.

#### For Receipting Use Only

☐ \$ 75.00 Initial credential fee

☐ \$ 107.00 Reciprocal fee

☐ \$ 132.00 Reinstatement fee

For Office Use Only	
License #	Date Granted

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**LISTED BELOW ARE 3 SEPARATE “TRACKS” BY WHICH YOU MAY QUALIFY FOR A CREDENTIAL. CHECK THE BOX IN FRONT OF THE “TRACK” UNDER WHICH YOU WISH TO QUALIFY FOR A CREDENTIAL.** Your application will not be considered complete until all of the documents have been received by the Department.

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## TRACK 1

☐ **REGISTRATION BASED ON DEGREE PROGRAMS, EXPERIENCE AND EXAMS**

**Applicant must meet requirements under 1, 2, 3, and 4.** Complete the sections on the following pages relating to education, exams, experience and references and attach required copies as stated in those sections.

1. ☐ I have satisfied **ONE** of the following, as indicated:
  - ☐ I have graduated from a 5-year interior design or architecture program, and I have had at least 1 year of practical experience in interior design.
  - ☐ I have graduated from a 4-year interior design or architecture program, and I have had at least 2 years of practical experience in interior design.
  - ☐ I have completed at least 3 years of an interior design program, and I have had at least 3 years of practical experience in interior design.
  - ☐ I have graduated from a 2-year interior design program, and I have had at least 4 years of practical experience in interior design.
2. ☐ I have passed the interior design examination administered by the National Council for Interior Design Qualification (NCIDQ).

**OR**

☐ I have passed the interior design examination administered by the Council for Qualification of Residential Interior Designers (CQRID).
3. ☐ I have passed the building and barrier-free codes section of the NCIDQ examination administered in 1990 or later.
4. ☐ I have provided the names of five references, three of whom have personal knowledge of my interior design experience.

## TRACK 2

☐ **REGISTRATION BASED ON REGISTRATION AS AN ARCHITECT**

**Applicant must meet requirements under 1, 2, and 3.** Complete the sections on the following pages relating to education and experience and attach copy of transcript(s)

1. ☐ I hold a credential as a registered architect in Wisconsin.
2. ☐ I have graduated from a 4-year architecture program.
3. ☐ I have had at least 6 years of experience in interior design.

## TRACK 3

☐ **REGISTRATION BASED ON RECIPROCITY**

**Applicant must enclose the following (do not complete the sections on education, examination, experience or references):**

1. ☐ I have enclosed a certificate of licensure or a letter from the proper authority in any state or U.S. territory or in any country in which the requirements for registration of interior designers are of a standard not lower than those specified in Chapter 440, Subchapter IX, Wis. Stats., showing that I have an unexpired certificate of similar registration issued to me by that licensing authority.

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**EDUCATION** (Attach a copy of official transcript(s), if required by the track you chose.)

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NAME OF INSTITUTION: \_\_\_\_\_

LOCATION OF INSTITUTION: \_\_\_\_\_

DATES OF ATTENDANCE \_\_\_\_\_

DEGREE AWARDED \_\_\_\_\_ MAJOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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**EXAMINATION(S) PASSED** (Attach a copy of the exam score report, if required by the track you chose.)

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<u>NAME OF EXAM</u>	<u>ENTITY WHICH ADMINISTERED EXAM</u>	<u>DATE PASSED EXAM</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## DEFINITION OF “INTERIOR DESIGN”

“Interior design” means the design of interior spaces in conformity with public health, safety and welfare requirements, including the preparation of documents relating to space planning, finish materials, furnishings, fixtures and equipment and the preparation of documents relating to interior construction that does not substantially affect the mechanical or structural systems of a building. “Interior design” does not include services that constitute the practice of architecture or the practice of professional engineering.

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**INTERIOR DESIGN EXPERIENCE** (NOTE: The experience you list must have consisted of your personal performance of tasks listed in the definition of “interior design” above.)

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<u>NAME OF EMPLOYER</u>	<u>JOB TITLE</u>	<u>EMPLOYMENT DATES</u> <u>BEGIN</u>	<u>END</u>	<u>AVERAGE</u> <u>HRS PER WK</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**REFERENCES** (Complete this section only if applying under Track 1 or 2.)

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<u>NAME</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- MARK AN X IN THE APPROPRIATE BOX.** If you answer **Yes** to any question, give all details on a separate sheet.
- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| a. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If YES, what type of credential? _____<br>And if in another name, what name? _____   | <input type="checkbox"/> | <input type="checkbox"/> |

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**IS THE NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT A COPY OF A MARRIAGE CERTIFICATE, DIVORCE DECREE, OR SIMILAR DOCUMENT**

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# Wisconsin Department of Safety and Professional Services

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## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

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## RENEWAL INFORMATION

All registrations expire on July 31 of the even-numbered years. Renewal notices are mailed in June of the even-numbered years.

If an application is received by the Department after July 1 of the even-numbered years, the license is issued through the next biennium and a renewal fee is not required.

If a registration is issued after January 1 of the even-numbered years, the registrant is not required to comply with the continuing education requirement of 9 hours to renew by August 1 of the even-numbered years.

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**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

**First Name** **Middle Initial** **Last Name**

## Profession

Date of Birth

month

day

year

				-			-				
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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

**EMAIL ADDRESS:**

**Do you have an email address?**

☐ Yes

☐ **No**

**If yes**, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

**EMAIL ADDRESS:** Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

**If no**, your checklist will be sent by first class mail.

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996